



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

The Center for Work Rehab, Inc.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-17-1916-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

February 21, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The medical bill was denied several times due to it being printed on the wrong form, incorrect modifier, missing ICD Indicator, and treatment unrelated to injury due to incorrect diagnosis code. All of these issues have been corrected and/or included on the CMS 1500 form enclosed."

Amount in Dispute: \$1,600.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor billed for a functional capacity evaluation (FCE) performed on the date above. Texas Mutual declined to issue payment of the initial billing based on extent of injury and incorrect coding of the FCE ... The requester submitted a request for reconsideration (RFR) with a change in the diagnosis code but no change in the coding ... Texas Mutual maintained the denial. The requestor submitted a second RFR with incorrect coding ... No payment is due."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 5, 2016	Functional Capacity Evaluation	\$1,600.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - CAC-219 – Based on extent of injury.

- CAC-4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 246 – The treatment/service has been determined to be unrelated to the extent of injury. Final adjudication has not taken place.
- 732 – Accurate coding is essential for reimbursement. Modifier billed incorrectly or missing. Services are not reimbursable as billed.
- 739 – Documentation submitted indicates an FCE was performed. Utilize the appropriate modifier.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 891 – No additional payment after reconsideration.

Issues

1. Did Texas Mutual Insurance Company (Texas Mutual) maintain its denial for extent of injury?
2. Is Texas Mutual's denial of payment supported?

Findings

1. On Explanations of Benefits dated September 26, 2016, and October 18, 2016, Texas Mutual denied the disputed service, in part, with claim adjustment reason codes CAC-219 – "BASED ON EXTENT OF INJURY," and 246 – "THE TREATMENT/SERVICE HAS BEEN DETERMINED TO BE UNRELATED TO THE EXTENT OF INJURY. FINAL ADJUDICATION HAS NOT TAKEN PLACE." Per Explanation of Benefits dated December 16, 2016, and Texas Mutual's position statement, the insurance carrier did not maintain its denial based on extent of injury.
2. The Center for Work Rehab, Inc. is seeking reimbursement of \$1,600.00 for a Functional Capacity Evaluation, represented by procedure code 97750.

Texas Mutual denied the disputed service with claim adjustment reason codes, CAC-4 – THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING," 732 – "ACCURATE CODING IS ESSENTIAL FOR REIMBURSEMENT. MODIFIER BILLED INCORRECTLY OR MISSING. SERVICES ARE NOT REIMBURSABLE AS BILLED," and 739 – "DOCUMENTATION SUBMITTED INDICATES AN FCE WAS PERFORMED. UTILIZE THE APPROPRIATE MODIFIER."

The division notes that a Functional Capacity Evaluation is a specific service defined by the Texas Division of Workers' Compensation subject to billing and fee guidelines in 28 Texas Administrative Code §134.204(g), which states, in relevant part, "...FCEs shall be billed using CPT Code 97750 with modifier 'FC.' ..."

Review of the submitted documentation finds that The Center for Work Rehab, Inc. did not include the modifier "FC" in accordance with 28 Texas Administrative Code §134.204(g). The division finds that Texas Mutual's denial for this reason is supported. No reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

<hr/> Signature	<hr/> Laurie Garnes Medical Fee Dispute Resolution Officer	<hr/> November 20, 2017 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.